


Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951530 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101			Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792				
Generator's Phone: (253) 929-1200							
6. Transporter 1 Company Name NEWSOM BROS.			NOV 16 2011		U.S. EPA ID Number WAH000030727		
7. Transporter 2 Company Name N/A					U.S. EPA ID Number		
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709			Cleanup Office		U.S. EPA ID Number ORD089482353		
Facility's Phone: (541) 454-2643							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol	13. Waste Codes
			No.	Type			
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	63900 P 3.2 T	T	F002
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #8							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Rebecca Rule USACE on behalf of EPA			Signature <i>Rebecca A Rule</i>			Month Day Year 10 31 2011	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Doug Hendryk			Signature <i>Doug Hendryk</i>		Month Day Year 10 31 11	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Driver changed Total Qty - 46 10/31/11						
	18b. Alternate Facility (or Generator)			Manifest Reference Number: U.S. EPA ID Number			
	Facility's Phone: 18c. Signature of Alternate Facility (or Generator)			USEPA SF  1475223		Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Clarence Strand			Signature <i>Clarence Strand</i>			Month Day Year 10 31 11	

BMS

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951531 FLE	
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS BCL-111 SEATTLE WA. 98101			Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792			
Generator's Phone: (253) 929-1209						
6. Transporter 1 Company Name NEWSOM BROS.			U.S. EPA ID Number WAH000030727			
7. Transporter 2 Company Name N/A			U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709			U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 464-2643						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	60,900 P 32 JF	11.01.11	FO02
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #19 Celene Brother's 60,900 P.						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name Rebecca Rule USACE on behalf of EPA		Signature <i>Rebecca A. Rule</i>		Month Day Year 10 31 2011		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name JOHN MOORE		Signature <i>John Moore</i>		Month Day Year 10 31 2011		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection 11. Pounds added by the driver: Bms 11-4-11						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
#132						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <i>Janice Strand</i>		Signature <i>Janice Strand</i>		Month Day Year 11 01 11		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951503 FLE	
		5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101		Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792				
6. Transporter 1 Company Name NEWSOM BROS.		U.S. EPA ID Number WAH000030727						
7. Transporter 2 Company Name N/A		U.S. EPA ID Number						
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709		U.S. EPA ID Number ORD089452353						
Facility's Phone: (541) 454-2643								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)			001 DT		64,000	P	F002
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) Newsom #9 62,700 P.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name Rebecca A Rule USACE on behalf of EPA				Signature <i>Rebecca A. Rule</i>		Month Day Year 11 11 2011		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Glenn Gilmore				Signature GLENN GILMORE		Month Day Year 11 11 11		
Transporter 2 Printed/Typed Name				Signature		Month Day Year		
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number: _____								
18b. Alternate Facility (or Generator) U.S. EPA ID Number								
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H132		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Janice Stuard				Signature <i>Janice Stuard</i>		Month Day Year 11 01 11		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951501 FLE		
		5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101		Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792						
6. Transporter 1 Company Name NEWSOM BROS.		U.S. EPA ID Number WAH000030727								
7. Transporter 2 Company Name N/A		U.S. EPA ID Number								
8. Designated Facility Name and Site Address CWMINW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709		U.S. EPA ID Number ORD089452353								
Facility's Phone: (541) 454-2643										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
						No.	Type			
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.5,9,III, (TETRACHLOROETHENE, TRICHLOROETHENE)				001	DT	64,000	P	FO02
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #2										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name Rebecca Rule USACE on behalf of EPA										
Signature Rebecca A. Rule										
Month Day Year 11 1 2011										
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	Transporter signature (for exports only): _____									
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name ROB NEWSOM									
Signature Rob Newsom										
Month Day Year 11 1 2011										
Transporter 2 Printed/Typed Name										
Signature										
Month Day Year										
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	Facility's Phone:									
18c. Signature of Alternate Facility (or Generator) Month Day Year										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H132 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name Tanica Strand										
Signature Tanica Strand										
Month Day Year 11 01 11										

GENERATOR	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951505 FLE			
	5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101					Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792					
	Generator's Phone: (253) 929-1209					U.S. EPA ID Number WAH000030727					
	6. Transporter 1 Company Name NEWSOM BROS.					U.S. EPA ID Number					
	7. Transporter 2 Company Name N/A					U.S. EPA ID Number					
	8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709					U.S. EPA ID Number ORD089462353					
	Facility's Phone: (541) 454-2643										
	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)				001 DT		64,000	P	F002	
		2.									
	3.										
	4.										
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #8 163150P.											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offeror's Printed/Typed Name Rebecca A. Rule USACE on behalf of EPA					Signature <i>Rebecca A. Rule</i>			Month Day Year 11 1 2011			
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.					Port of entry/exit: Date leaving U.S.:					
	Transporter signature (for exports only):										
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials										
	Transporter 1 Printed/Typed Name Doug Hardy				Signature <i>Doug Hardy</i>		Month Day Year 11 1 2011				
	Transporter 2 Printed/Typed Name				Signature		Month Day Year				
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	18b. Alternate Facility (or Generator)					Manifest Reference Number:					
	Facility's Phone:					U.S. EPA ID Number					
	18c. Signature of Alternate Facility (or Generator)					Month Day Year					
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
	1. H132		2.		3.		4.				
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
	Printed/Typed Name Janice Stand				Signature <i>Janice Stand</i>			Month Day Year 11 01 11			

BMS

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951507 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS BCL-111 SEATTLE WA. 98101			Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792				
Generator's Phone: (253) 929-1209							
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number WAH000030727			
7. Transporter 2 Company Name N/A				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 454-2643							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	64,000	P	FO02	
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS); CELANESE BROS #20							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name Rebecca A. Rule USACE on behalf of EPA				Signature <i>Rebecca A. Rule</i>		Month 11	Day 1
						Year 2011	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Richard L. Gready				Signature <i>Richard L. Gready</i>		Month 11	Day 1
						Year 11	
Transporter 2 Printed/Typed Name				Signature		Month	Day
						Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Lana Strand				Signature <i>Lana Strand</i>		Month 11	Day 01
						Year 11	

IV. Instructions for Owners and Operators of Treatment, Storage, and Disposal Facilities

Item 18. Discrepancy

Item 18a. Discrepancy Indication Space

1. The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancies between the waste described on the Manifest and the waste actually received at the facility. Manifest discrepancies are: significant differences (as defined by §§ 264.72(b) and 265.72(b)) between the quantity or type of hazardous waste designated on the manifest or shipping paper, and the quantity and type of hazardous waste a facility actually receives, rejected wastes, which may be a full or partial shipment of hazardous waste that the TSDF cannot accept, or container residues, which are residues that exceed the quantity limits for "empty" containers set forth in 40 CFR 261.7(b).
2. For rejected loads and residues (40 CFR 264.72(d), (e), and (f), or 40 CFR 265.72(d), (e), or (f)), check the appropriate box if the shipment is a rejected load (i.e., rejected by the designated and/or alternate facility and is sent to an alternate facility or returned to the generator) or a regulated residue that cannot be removed from a container. Enter the reason for the rejection or the inability to remove the residue and a description of the waste. Also, reference the manifest tracking number for any additional manifests being used to track the rejected waste or residue shipment on the original manifest. Indicate the original manifest tracking number in Item 14, the Special Handling Block and Additional Information Block of the additional manifests.
3. Owners or operators of facilities located in unauthorized States (i.e., states in which the U.S. EPA administers the hazardous waste management program) who cannot resolve significant differences in quantity or type within 15 days of receiving the waste must submit to their Regional Administrator a letter with a copy of the Manifest at issue describing the discrepancy and attempts to reconcile it (40 CFR 264.72(c) and 265.72(c)).
4. Owners or operators of facilities located in authorized States (i.e., those States that have received authorization from the U.S. EPA to administer the hazardous waste management program) should contact their State agency for information on where to report discrepancies involving "significant differences" to state officials.

Item 18b. Alternate Facility (or Generator) for Receipt of Full Load Rejections

Enter the name, address, phone number, and EPA Identification Number of the Alternate Facility which the rejecting TSDF has designated, after consulting with the generator, to receive a fully rejected waste shipment. In the event that a fully rejected shipment is being returned to the generator, the rejecting TSDF may enter the generator's site information in this space. This field is not to be used to forward partially rejected loads or residue waste shipments.

Item 18c. Alternate Facility (or Generator) Signature

The authorized representative of the alternate facility (or the generator in the event of a returned shipment) must sign and date this field of the form to acknowledge receipt of the fully rejected wastes or residues identified by the initial TSDF.

Item 19. Hazardous Waste Report Management Method Codes

Enter the most appropriate Hazardous Waste Report Management Method code for each waste listed in Item 9. The Hazardous Waste Report Management Method code is to be entered by the first treatment, storage, or disposal facility (TSDF) that receives the waste and is the code that best describes the way in which the waste is to be managed when received by the TSDF.

Item 20. Designated Facility Owner or Operator Certification of Receipt (Except As Noted in Item 18a)

Enter the name of the person receiving the waste on behalf of the owner or operator of the facility. That person must acknowledge receipt or rejection of the waste described on the Manifest by signing and entering the date of receipt or rejection where indicated. Since the Facility Certification acknowledges receipt of the waste except as noted in the Discrepancy Space in Item 18a, the certification should be signed for both waste receipt and waste rejection, with the rejection being noted and described in the space provided in Item 18a. Fully rejected wastes may be forwarded or returned using Item 18b after consultation with the generator. Enter the name of the person accepting the waste on behalf of the owner or operator of the alternate facility or the original generator. That person must acknowledge receipt or rejection of the waste described on the Manifest by signing and entering the date they received or rejected the waste in Item 18c. Partially rejected wastes and residues must be re-shipped under a new manifest, to be initiated and signed by the rejecting TSDF as offeror of the shipment.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951506 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS 5CL-111 SEATTLE WA 98101				Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792			
Generator's Phone: (253) 929-1209							
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number WAH000030727			
7. Transporter 2 Company Name N/A				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 454-2643							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	64,000	P	F002
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) Adams #101 166,300 P.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name Rebecca A. Rule USACE on behalf of EPA				Signature <i>Rebecca A. Rule</i>		Month Day Year 11 1 2011	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Ross Adams				Signature <i>Ross Adams</i>		Month Day Year 11 1 11
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. 4132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Tamara Strand				Signature <i>Tamara Strand</i>		Month Day Year 11 07 11	

BMS

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951509 FLE	
		5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101		Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792				
6. Transporter 1 Company Name NEWSOM BROS.		Generator's Phone: (253) 929-1209		U.S. EPA ID Number WAH000030727				
7. Transporter 2 Company Name N/A				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709		Facility's Phone: (541) 454-2643		U.S. EPA ID Number ORD089452353				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
GENERATOR	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)			001 DT		64,000	P	F002
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS); 201 65,250P.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed/Typed Name Rebecca A Rule				Signature <i>Rebecca A Rule</i>		Month Day Year 11 1 2011		
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.			Port of entry/exit: Date leaving U.S.:				
	Transporter signature (for exports only):							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name LAURENCE ADAMS			Signature <i>L. Adams</i>		Month Day Year 11 1 11		
Transporter 2 Printed/Typed Name			Signature		Month Day Year			
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
	18b. Alternate Facility (or Generator)			U.S. EPA ID Number				
	Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)			Month Day Year					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H132		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Janice Stand				Signature <i>Janice Stand</i>		Month Day Year 11/07/11		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951508 FLE		
		5. Generator's Name and Mailing Address: US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101 Generator's Phone: (253) 929-1209		Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792						
6. Transporter 1 Company Name NEWSOM BROS.		U.S. EPA ID Number WAH000030727								
7. Transporter 2 Company Name N/A		U.S. EPA ID Number								
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 464-2643		U.S. EPA ID Number ORD089452353								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
						No.	Type			
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (TETRACHLOROETHENE, TRICHLOROETHENE)				001	DT	64,000	P	F002
14. Special Handling Instructions and Additional Information 1. BOR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) H 22 64,150 P.										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name Rebecca A. Rule Signature Rebecca A. Rule Month 11 Day 1 Year 2011										
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
	Transporter signature (for exports only):									
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Richard P. Baptiste Signature [Signature] Month 11 Day 1 Year 2011					Transporter 2 Printed/Typed Name Signature Month Day Year				
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	Facility's Phone:									
18c. Signature of Alternate Facility (or Generator) Month Day Year										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. 4432 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name Tania Staud Signature [Signature] Month 11 Day 01 Year 11										

BMS

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951502 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101				Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792			
Generator's Phone: (253) 929-1209				U.S. EPA ID Number WAH000030727			
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number N/A			
7. Transporter 2 Company Name N/A				U.S. EPA ID Number ORD089452353			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				Facility's Phone: (541) 454-2643			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)		001 DT		64,000	P
		2.					
		3.					
		4.					
13. Waste Codes FO02							
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #07							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Rebecca A. Rule USACE on behalf of EPA				Signature <i>Rebecca A. Rule</i>		Month Day Year 11 1 2011	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Chris Sines				Signature <i>Chris Sines</i>		Month Day Year 11 1 11
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. 4132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Tanira Strand				Signature <i>Tanira Strand</i>		Month Day Year 11 01 11	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951510 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101				Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792			
Generator's Phone: (253) 929-1209				U.S. EPA ID Number WAH000030727			
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number			
7. Transporter 2 Company Name N/A				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 454-2643							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	64,000	P	F002
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) Newsom # 9 60,500 P.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Rebecca A. Rule USACE on behalf of EPA				Signature <i>Rebecca A. Rule</i>		Month Day Year 11 2 2011	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	Transporter signature (for exports only): _____						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name GLEN GILMORE				Signature <i>Glen Gilmore</i>		Month Day Year 11 2 11
	Transporter 2 Printed/Typed Name				Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: _____						
	18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator) _____ Month Day Year						
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
	1. H132		2.		3.		4.
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
	Printed/Typed Name Janice Strand				Signature <i>Janice Strand</i>		Month Day Year 11 2 11

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951515 FLE			
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101				Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792				
Generator's Phone: (253) 929-1209				U.S. EPA ID Number WAH000030727				
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number				
7. Transporter 2 Company Name N/A				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMINW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353				
Facility's Phone: (541) 454-2643								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O. 5.9, III, (TETRACHLOROETHENE, TRICHLOROETHENE)		001 DT		64,000	P	FO02
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #8 64250 P.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name Rebecca A. Rule USALE on behalf of EPA				Signature <i>Rebecca A. Rule</i>		Month Day Year 11 2 2011		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:					
	Transporter signature (for exports only):							
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Doug Hordyk				Signature <i>Doug Hordyk</i>		Month Day Year 11 2 11		
Transporter 2 Printed/Typed Name				Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number							
	Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H132		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Janice Strand				Signature <i>Janice Strand</i>		Month Day Year 11 2 11		

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951512 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101					Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792				
Generator's Phone: (253) 929-1209									
6. Transporter 1 Company Name NEWSOM BROS.					U.S. EPA ID Number WAH000030727				
7. Transporter 2 Company Name N/A					U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709					U.S. EPA ID Number ORD089452353				
Facility's Phone: (541) 454-2643									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, III, (TETRACHLOROETHENE, TRICHLOROETHENE)			001	DT	14,600	P	F002
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) SINCE 06 62,200 P.									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name Rebecca A. Rule USACE on behalf of EPA					Signature <i>Rebecca A. Rule</i>			Month Day Year 11 2 2011	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Doug Warner</i> Signature <i>Doug Warner</i> Month Day Year 11 2 11 Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____								
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____								
	Facility's Phone: _____ 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H132 2. 3. 4.									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name <i>James Strand</i> Signature <i>James Strand</i> Month Day Year 11 2 11									

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951514 FLE			
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 M5 ECL-111 SEATTLE WA. 98101				Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792				
Generator's Phone: (253) 929-1209				U.S. EPA ID Number WAH000030727				
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number				
7. Transporter 2 Company Name N/A				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353				
Facility's Phone: (541) 454-2643								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	64,000	P	FOO2	
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LB5) Sines #07 63,800 P.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name Rebecca A. Rule USACE on behalf of EPA				Signature <i>Rebecca A. Rule</i>		Month Day Year 11 2 2011		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Chris Sines				Signature <i>Chris Sines</i>		Month Day Year 11 2 11	
	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number: _____							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number							
	Facility's Phone: _____							
	18c. Signature of Alternate Facility (or Generator) Month Day Year							
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
	1. H132	2.	3.	4.				
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
	Printed/Typed Name Tanica Strand				Signature <i>Tanica Strand</i>		Month Day Year 11 2 11	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951511 FLE		
		5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101 Generator's Phone: (253) 929-1209		Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792					
6. Transporter 1 Company Name NEWSOM BROS.							U.S. EPA ID Number WAH000030727		
7. Transporter 2 Company Name N/A							U.S. EPA ID Number		
8. Designated Facility Name and Site Address CWMINW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 464-2643							U.S. EPA ID Number ORD089452353		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)			001 DT		14,000	P	FO02
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) 122 104,100 P.									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Officer's Printed/Typed Name Rebecca A. Rule Signature Rebecca A. Rule Month 11 Day 2 Year 2011									
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Richard P Baptiste Signature [Signature] Month 11 Day 2 Year 2011 Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____								
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number _____								
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____ Facility's Phone: _____								
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____								
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. 4132 2. _____ 3. _____ 4. _____								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Janice Stuard Signature [Signature] Month 11 Day 2 Year 11									

BMS

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951513 FLE		
		5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101		Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792						
6. Transporter 1 Company Name NEWSOM BROS.		U.S. EPA ID Number WAH000030727								
7. Transporter 2 Company Name N/A		U.S. EPA ID Number								
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709		U.S. EPA ID Number ORD089452353								
Facility's Phone: (541) 454-2643										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
						No.	Type			
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)				001	DT	64,000	P	1002
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) Celorie 11 64,400 P.										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Officer's Printed/Typed Name Rebecca A. Rule USACE on behalf of EPA										
Signature <i>Rebecca A. Rule</i>										
Month Day Year 11 2 2011										
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	Transporter signature (for exports only): _____									
DESIGNATED FACILITY	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Michael WARNER									
Signature <i>Michael Warner</i>										
Month Day Year 11 2 11										
Transporter 2 Printed/Typed Name										
Signature										
Month Day Year										
18. Discrepancy										
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
Manifest Reference Number: _____										
18b. Alternate Facility (or Generator) U.S. EPA ID Number										
Facility's Phone: _____										
18c. Signature of Alternate Facility (or Generator) Month Day Year										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. 4132 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name Janice Strand										
Signature <i>Janice Strand</i>										
Month Day Year 11 2 11										



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
(541) 454-2643
(541) 454-3279 Fax

US EPA REGION X
WAD980726301
3011 SOUTH FIFE STREET
TACOMA WA 98409

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	US EPA REGION X
MANIFEST #:	003968239FLE
CWM TRACKING ID:	415069-01
PROFILE #:	OR302742
LINE ITEM:	9b.1
QUANTITY:	1 DT
RECEIVED DATE:	10/26/11

DISPOSAL PROCESS(ES):	LANDFILL	
FINAL DISPOSAL LOCATION:	LANDFILL	14
DISPOSAL DATE:	10/26/11	

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Ashley Osborne

CWMNW RECORDS DEPARTMENT

Date: 10/28/11



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
(541) 454-2643
(541) 454-3279 Fax

US EPA REGION X
WAD980726301
3011 SOUTH FIFE STREET
TACOMA WA 98409

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	US EPA REGION X	
MANIFEST #:	003968236FLE	
CWM TRACKING ID:	415064-01	
PROFILE #:	OR302742	
LINE ITEM:	9b.1	
QUANTITY:	1 DT	
RECEIVED DATE:	10/26/11	
DISPOSAL PROCESS(ES):	LANDFILL	
FINAL DISPOSAL LOCATION:	LANDFILL	14
DISPOSAL DATE:	10/26/11	

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Ashley Osborne

CWMNW RECORDS DEPARTMENT

Date: 10/28/11



CHEMICAL WASTE MANAGEMENT OF THE NW

17629 Cedar Springs Lane
Arlington, OR 97812
(541) 454-2643
(541) 454-3279 Fax

US EPA REGION X
WAD980726301
3011 SOUTH FIFE STREET
TACOMA WA 98409

CERTIFICATE OF DISPOSAL

Chemical Waste Management of the Northwest, Inc., ORD089452353, has received the following waste material:

GENERATOR:	US EPA REGION X	
MANIFEST #:	003968238FLE	
CWM TRACKING ID:	415063-01	
PROFILE #:	OR302742	
LINE ITEM:	9b.1	
QUANTITY:	1 DT	
RECEIVED DATE:	10/26/11	
DISPOSAL PROCESS(ES):	LANDFILL	
FINAL DISPOSAL LOCATION:	LANDFILL	14
DISPOSAL DATE:	10/26/11	

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste material was managed in compliance with all applicable laws, regulations, permits and licenses on the date listed above.

Ashley Osborne

CWMNW RECORDS DEPARTMENT

Date: 10/28/11

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951535 FLE							
		5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101 Generator's Phone: (253) 929-1209						Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792							
6. Transporter 1 Company Name NEWSOM BROS.		U.S. EPA ID Number WAH000030727													
7. Transporter 2 Company Name N/A		U.S. EPA ID Number													
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2643		U.S. EPA ID Number ORD089462353													
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes					
						No.	Type								
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O. 5.9, III, (TETRACHLOROETHENE, TRICHLOROETHENE)				001	DT	32	T	FO02					
		2.													
		3.													
	4.														
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) Newsom Bros #9 31.58T															
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.															
Generator's/Offor's Printed/Typed Name USACE in behalf of EPA Signature Marloue Laubach Month 10 Day 28 Year 72															
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____														
	17. Transporter Acknowledgment of Receipt of Materials														
	Transporter 1 Printed/Typed Name GLEN GILMORE Signature Glen Gilmore Month 10 Day 20 Year 11					Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____									
DESIGNATED FACILITY	18. Discrepancy														
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection														
	Manifest Reference Number: _____														
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____														
	Facility's Phone: _____														
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____															
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)															
1. H132				2. _____				3. _____				4. _____			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a															
Printed/Typed Name Shirley Osborne Signature Shirley Osborne Month 10 Day 28 Year 11															

UNIFORM-HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951533 FLE		
		5. Generator's Name and Mailing Address US EPA REGION X 1200 8th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101 Generator's Phone: (253) 929-1209		Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792					
6. Transporter 1 Company Name NEWSOM BROS.		U.S. EPA ID Number WAH000030727							
7. Transporter 2 Company Name N/A		U.S. EPA ID Number							
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2643		U.S. EPA ID Number ORD089462363							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)			001 DT		32	T	FO02
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LB5) Celoric #11 33.13T									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offor's Printed/Typed Name Marlowe Laubach, USACE on behalf of EPA Signature Marlowe Laubach Month 10 Day 28 Year 11									
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Michael Warner Signature Michael Warner Month 10 Day 28 Year 11 Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____								
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number _____ 18b. Alternate Facility (or Generator) _____ Facility's Phone: _____ 18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____								
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. _____ 3. _____ 4. _____								
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Ashley Osborne Signature Ashley Osborne Month 10 Day 28 Year 11								

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951534 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101			Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792				
Generator's Phone: (253) 929-1209							
6. Transporter 1 Company Name NEWSOM BROS.			U.S. EPA ID Number WAH000030727				
7. Transporter 2 Company Name N/A			U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWM INW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709			U.S. EPA ID Number ORD089462353				
Facility's Phone: (541) 454-2643							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)		001 DT		32	T	FO02
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #8 31.48T							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Marlowe Laubach			Signature Marlowe Laubach			Month Day Year 10 28 11	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Doug Hordyk			Signature Doug Hordyk			Month Day Year 10 28 11	
Transporter 2 Printed/Typed Name			Signature			Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Ashley Osborne			Signature Ashley Osborne			Month Day Year 10 28 11	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951538 FLE	
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101			Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792			
Generator's Phone: (253) 929-1209						
6. Transporter 1 Company Name NEWSOM BROS.			U.S. EPA ID Number WAH000030727			
7. Transporter 2 Company Name N/A			U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709			U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 454-2643						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	64350	TP
13. Waste Codes FO02						
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) Celoric 11						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name Marloue Laubach, USAE g EPA		Signature <i>Marloue Laubach</i>		Month Day Year 10/27/11		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Michael Warner		Signature <i>Michael Warner</i>		Month Day Year 10/27/11		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. 4132		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Francie Gabbey		Signature <i>Francie Gabbey</i>		Month Day Year 10/27/11		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951539 FLE			
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA. 98101				Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792				
Generator's Phone: (253) 929-1209				U.S. EPA ID Number WAH000030727				
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number				
7. Transporter 2 Company Name N/A				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMINW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353				
Facility's Phone: (641) 454-2643								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)		001 DT		32	L	FO02
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) Newsom #9 31.33T								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed/Typed Name Marlowe Laubach USAID on behalf of EPA Signature Marlowe Laubach Month 10 Day 27 Year 11								
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name GLEN GILMORE Signature Glen Gilmore Month 10 Day 27 Year 11 Transporter 2 Printed/Typed Name Signature Month Day Year							
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: U.S. EPA ID Number							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number							
	Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year							
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Francie Gabbey Signature Francie Gabbey Month 10 Day 27 Year 11								

BMS

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301		2. Page 1 of 1		3. Emergency Response Phone (800) 424-9300		4. Manifest Tracking Number 003951540 FLE			
		5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101 Generator's Phone: (253) 929-1209		Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792							
6. Transporter 1 Company Name NEWSOM BROS.		U.S. EPA ID Number WAH000030727									
7. Transporter 2 Company Name N/A		U.S. EPA ID Number									
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709 Facility's Phone: (541) 454-2643		U.S. EPA ID Number ORD089462363									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
						No.	Type				
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)				001	DT	32	TP	FO02	
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) Truck # 8											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offor's Printed/Typed Name Marlowe Laubach, USALE of EPA Signature Marlowe Laubach Month 10 Day 27 Year 11											
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:										
	Transporter signature (for exports only):										
	17. Transporter Acknowledgment of Receipt of Materials										
	Transporter 1 Printed/Typed Name Doug Hardyk Signature Doug Hardyk Month 10 Day 27 Year 11										
Transporter 2 Printed/Typed Name Signature Month Day Year											
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number:										
	18b. Alternate Facility (or Generator) U.S. EPA ID Number										
	Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. H132 2. 3. 4.											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name Francie Gabbey Signature Francie Gabbey Month 10 Day 27 Year 11											

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415097

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951537 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 M5 ECL-111 SEATTLE WA. 98101			Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792				
Generator's Phone: (253) 929-1209			U.S. EPA ID Number WAH000030727				
6. Transporter 1 Company Name NEWSOM BROS.			U.S. EPA ID Number				
7. Transporter 2 Company Name N/A			U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMINW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709			U.S. EPA ID Number ORD089452353				
Facility's Phone: (541) 454-2643							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	321 65700	P	FO02
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #2 65,700 P.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Marloue Laubach, USACE of EPA					Signature Marloue Laubach		
					Month Day Year 10 27 11		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name ROB NEWSOM			Signature Rob Newsom		Month Day Year 10 27 11	
Transporter 2 Printed/Typed Name			Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Driver changed total Qty (Det 2/11)						
	18b. Alternate Facility (or Generator)					U.S. EPA ID Number	
	Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)					Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a.							
Printed/Typed Name Francie Corbrey					Signature Francie Corbrey		Month Day Year 10 27 11

BMS

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951536 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101				Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792			
Generator's Phone: (253) 929-1209							
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number WAH000030727			
7. Transporter 2 Company Name N/A				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089462353			
Facility's Phone: (541) 454-2643							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	32	T	FO02
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #2 32.80T							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name Marlowe Laubach				Signature <i>Marlowe Laubach</i>		Month Day Year 10 28 11	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Rob Newsom				Signature <i>Rob Newsom</i>		Month Day Year 10 28 11
	Transporter 2 Printed/Typed Name				Signature		Month Day Year
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
	1. H132		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Sue McMahon				Signature <i>Sue McMahon</i>		Month Day Year 10 28 11	

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951529 FLE			
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS 5CL-111 SEATTLE WA. 98101				Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA. 98409 (206) 764-6792				
Generator's Phone: (253) 929-1209				U.S. EPA ID Number WAH000030727				
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number				
7. Transporter 2 Company Name N/A				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353				
Facility's Phone: (541) 454-2643								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)		001 DT		32	P	F002
		2.				61,850	P	
		3.				44-10-31	-X	
		4.						
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #9 61,850 P.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offor's Printed/Typed Name Rebecca Rule USACE on behalf of EPA Signature Rebecca A. Rule Month 10 Day 31 Year 2011								
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name GLEN GILMORE Signature Glen Gilmore Month 10 Day 31 Year 11 Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number _____							
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____							
	Facility's Phone: _____							
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____							
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. _____ 3. _____ 4. _____							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Francie Gabbey Signature Francie Gabbey Month 10 Day 31 Year 11								

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WAD980726301	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Manifest Tracking Number 003951532 FLE		
5. Generator's Name and Mailing Address US EPA REGION X 1200 6th AVE, SUITE 900 MS ECL-111 SEATTLE WA 98101				Generator's Site Address (if different than mailing address) US EPA REGION X 3011 SOUTH FIFE STREET TACOMA WA 98409 (206) 764-6792			
Generator's Phone: (253) 929-1209							
6. Transporter 1 Company Name NEWSOM BROS.				U.S. EPA ID Number WAH000030727			
7. Transporter 2 Company Name N/A				U.S. EPA ID Number			
8. Designated Facility Name and Site Address CWMNW, INC. 17629 CEDAR SPRINGS LANE ARLINGTON OR 97812-9709				U.S. EPA ID Number ORD089452353			
Facility's Phone: (541) 454-2643							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., III, (TETRACHLOROETHENE, TRICHLOROETHENE)	001	DT	64300 P 32	310 L	F002
14. Special Handling Instructions and Additional Information 1. #OR302742; EXCAVATED SOIL & FILTER CAKE (COMPOSITE SAMPLES 3 AND 4); ERG# 171; (RQ=10LBS) #2							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Rebecca Rule USACE on behalf of EPA				Signature Rebecca A. Rule		Month Day Year 10/31/11	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name ROB NEWSOM				Signature Rob Newsom		Month Day Year 10/31/11
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name				Signature		Month Day Year
	18. Discrepancy						
	18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	18b. Alternate Facility (or Generator) Diverted to Total Qty - 10/31/11				Manifest Reference Number: U.S. EPA ID Number		
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)							Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H32		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Tanica Strand				Signature Tanica Strand		Month Day Year 10/31/11	